



**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE
ELECTRONIC FILING REGISTRATION FORM**

***FOR ATTORNEYS IN MULTI-DISTRICT LITIGATION (MDL)
CASES WHO ARE NOT ADMITTED TO THE BAR OF THIS COURT***

Instructions: Attorneys of record in Multi-District Litigation (MDL) cases, who are not members of the bar of this Court, shall register for ECF on a case-by-case basis. Submit an original signed registration form to the Clerk's Office to request an ECF account. After verification, a user ID and password will be provided. Registration will be valid for electronic filing and noticing in this case only.

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(Please Print or Type all information)

CASE CAPTION: v.	DIST. OF DE MDL CA # _____
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Do you have a PACER Account (required)? Yes No

Phone No.: _____ FAX No.: _____

By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the ECF User's Manual and Civil Tutorial on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are valid for this MDL action only.

Signature _____

Date _____

Submit completed registration form to: Clerk U.S. District Court for the District of Delaware ATTN: ECF Registration Room 4209, Lockbox 18 844 N. King Street Wilmington, DE 19801 (302) 573-6170	COURT USE ONLY <small>(ECF MDL Auly Reg Form - Rev 3/05)</small> DATE REGISTRATION FORM RECEIVED: _____ USER ID: _____ PASSWORD: _____ DATE ISSUED: _____ BY: _____
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